

METRO BOOSTER PARENTS ORGANIZATION MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

E-mail address:

Phone:

Current address:

City:

State:

ZIP Code:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

E-mail address:

Phone:

DANCER INFORMATION

Dancers Name	Studio / School	Line / Team

MEMBERSHIP FEES

\$15 per Dancer – maximum of \$35 per Family

Attach check made payable to: Metro Booster Parents Organization

Membership fees if not paid will be deducted/applied to any fundraising done by a member

E-MAIL LISTS

Booster Dome Fundraising Information Booster Teambuilding Information Booster General Information

Signature of applicant:

Date: